Immediate Enrollment of Child in Foster/Out of Home Care Form

Date Student Presented For Enrollment _____

Receiving School_____

Student Name** _____Age** _____ DOB _____ Sex_____

Foster Parent/Placement Name _____Phone _____

Foster Parent/Placement Address _____

Child-Placing Agency Name _____

Date Placed With Agency _____ Agency Contact Name - DCM _____

Agency Contact Name - DCMS _____ Phone _____

Last School Attended _____ Current Grade _____

Does student have IEP? ☐ Yes ☐ No ☐ Unknown   Does student have 504 plan? ☐ Yes ☐ No ☐ Unknown

The local department of social services (Embrace Families/Children Home Society of Florida) shall coordinate with the school to ensure that the child in foster care/out of home care is immediately and appropriately enrolled with all educational records provided to the new school (Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351); Social Security Act, Title IV, § 475(1) (G) [42 USC 675]). The sending and receiving schools shall expedite the transfer of the student's record (Florida Statute 39.0016 and 1003.21-22).

This document provides all information required for the Embrace Families/ Children's Home Society of Florida to notify the school and for the school to immediately enroll the child in compliance with (Florida Statute 39.0016 and 1003.21-22). *The three areas with asterisks (***{Name, Age, and Enrollment Certification}meet these minimal requirements for enrollment.* All other information helps ensure a smooth transition for the child and school.

"Immediate" means the beginning of the next school day after the presentment for enrollment. "Presentment" means the person enrolling the child has appeared at the school and presented all required information and certifications. "Enrollment" means the child is attending classes and participating fully in school activities. If, despite all reasonable efforts, school officials are unable to enroll the child by the beginning of the next school day following presentment for enrollment, the student shall be enrolled no later than the second school day following presentment. If enrollment is delayed until the second school day after presentment, school officials shall document reasons for the delay and attach these reasons to this form.

Immediate Enrollment of Child in Foster/Out of Home Care Form

ENROLLMENT CERTIFICATION**

I am a representative of the agency having legal custody of the above-named child. This child meets the definition of a child placed in foster care in (Florida Statute 39.0016 and 1003.21-22) therefore; I am presenting the child for *immediate* enrollment.

To the best of my knowledge, _____ **has/has not (circle one)** been expelled from school attendance at a private school or public school division of the School District of Seminole County, or in another state, for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

To the best of my knowledge, _____ **has/has not (circle one)** been found guilty of or
adjudicated delinquent for any offense listed in Florida or any substantially similar offense under the laws of any other state, the District of Columbia, or the United States or its territories.

To the best of my knowledge, _____ is in good health and free from communicable or contagious disease. If documentation of a physical exam, birth certificate, social security number,
and/or immunization record is unavailable at time of enrollment, they must be provided within 30 days of enrollment.

_____ **Dependency Case Manager CHS   Date _____**

_____ **Custodian/Guardian Signature   Date _____**

RELEASE OF INFORMATION

I, _____, Dependency Case Manager, CHS, as legal custodian/guardian of _____, hereby authorize schools, their agents and employees in possession of this student's educational records, to release such information as necessary for the purposes of his/her education at _____ (school of enrollment).

_____ **Dependency Case Manager CHS   Date _____**

_____ **Custodian/Guardian Signature   Date _____**

CONTACT INFORMATION FOR QUESTIONS
Marlene Walker   407.490.6742
Embrace Families / Education Manager Seminole County